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indicated unless correcte maintenance fee notifical	ed below or directed oth	erwise in Block 1, by (a				arate "FEE ADDRESS" for	
	ENCE ADDRESS (Note: Use Blo	ock 1 for any change of address)	No Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			Γ			(Depositor's name)	
			-			(Signature)	
			L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/559,969 04/18/2006 Stephanie Edmunds 1022702-000284 6436 ITTLE OF INVENTION: TREATMENT OF SEWAGE SLUDGE							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/29/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
HRUSKOCI, PETER A		1797	210-631000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
RHODIA OPERATIONS AUBERVILLIERS, FRANCE							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) Issue Fee Publication Fee (N	are submitted:  No small entity discount put of Copies 4		A check is enclosed Payment by credit c	ayment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uird) will not be accepte	d from anyone other than c Offige.	the applicant; a registered	attorney or agent; or t	he assignee or other party in	
Authorized Signature	Martin	luch keg.	No. 45,635		er 1 <b>6</b> , 2009		
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